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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	I-2-91.10US
First Named Inventor	Ozluturk et al.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CODE DIVISION MULTIPLE ACCESS (CDMA) COMMUNICATION SYSTEM

the specification of which (Title of the Invention)
 is attached hereto
 OR
 was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number **24374** → **Place Customer Number Bar Code Label here**
OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Namely, the Attorneys of Volpe and Koenig, P.C. and InterDigital Communications Corporation			

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto

Direct all correspondence to: Customer Number **24374** **OR** Correspondence address below

Name					
Address					
Address					
City	State	ZIP			
Country	Telephone	Fax			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)			Family Name or Surname				
Fatih M.			Ozluturk				
Inventor's Signature						Date	
Residence: City	Port Washington	State	NY	Country	USA	Citizenship	TR
Post Office Address	70 Willowdale Avenue						
Post Office Address							
City	Port Washington	State	NY	ZIP	11050	Country	USA

Additional inventors are being named on the **3** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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PTO/SB/02A (3-97)

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Gary R.				Lomp			
Inventor's Signature					Date		
Residence: City	Centerport	State	NY	Country	USA	Citizenship	US
Post Office Address	130 Washington Drive						
Post Office Address							
City	Centerport	State	NY	ZIP	11721	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John				Kowalski			
Inventor's Signature					Date		
Residence: City	Hempstead	State	NY	Country	USA	Citizenship	US
Post Office Address	65 Hilbert Street						
Post Office Address							
City	Hempstead	State	NY	ZIP	11550	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Avi				Silverberg			
Inventor's Signature					Date		
Residence: City	Commack	State	NY	Country	USA	Citizenship	IL
Post Office Address	40 Cottonwood Drive						
Post Office Address							
City	Commack	State	NY	ZIP	11725	Country	USA

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Robert T.				Regis			
Inventor's Signature					Date		
Residence: City	Huntington	State	NY	Country	USA	Citizenship	US
Post Office Address	51A Dunlop Road						
Post Office Address							
City	Huntington	State	NY	ZIP	11743	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Michael				Luddy			
Inventor's Signature					Date		
Residence: City	Bayville	State	NY	Country	USA	Citizenship	US
Post Office Address	9 Downey Drive						
Post Office Address							
City	Bayville	State	NY	ZIP	11579	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Alexander				Marra			
Inventor's Signature					Date		
Residence: City	New York	State	NY	Country	USA	Citizenship	US
Post Office Address	11 Fringe Court						
Post Office Address							
City	New York	State	NY	ZIP	10956	Country	USA

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Alexander		Jacques					
Inventor's Signature							Date
Residence: City	Mineola	State	NY	Country	USA	Citizenship	US
Post Office Address	6 Birchwood Court, Apt. 40						
Post Office Address							
City	Mineola	State	NY	ZIP	11501	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
John W.		Haim					
Inventor's Signature							Date
Residence: City	Baldwin	State	NY	Country	USA	Citizenship	US
Post Office Address	1848 Longfellow Street						
Post Office Address							
City	Baldwin	State	NY	ZIP	11510	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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